U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Phoenix Area Indian Health Service Office of Human Resources, Two Renaissance Square 40 North Central Avenue, Suite 510, Phoenix, AZ 85004-4424

Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaska Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In order than the above, the Indian Health Service is an Equal Opportunity Employer.

ANNOUNCEMENT NUMBER: OPENING DATE: CLOSING DATE: SWR-08-0116-3 10/23/2008 10/31/2008

REANNOUNCED to solicit additional applications. If you previously applied, you do not need to submit another application unless you are updating your information.

POSITION TITLE/SERIES/GRADE: Licensed Practical Nurse (Peds. Clinic) GS-620-6

STARTING SALARY: GS-6: \$33,591 to \$43,670 per annum

PROMOTION POTENTIAL: None SUPERVISORY/MANAGERIAL: No

RELOCATION EXPENSES: Travel to be paid in accordance with Federal Travel Regulations

HOUSING: Private Housing Only.

APPOINTMENT/WORK SCHEDULE: Two (2) Permanent Full-Time Positions

AREA OF CONSIDERATION: IHS Wide

DUTY LOCATIONS: Phoenix Indian Medical Center, Phoenix, AZ

JOB DESCRIPTION: The incumbent participates in patient care under the direction of the professional nurse and/or medical staff. Provides basic nursing tasks and duties for patients with a variety of illnesses and conditions. Provides age appropriate care and treatment for all patients. Manages the nursing team when assigned as Team Leader. Understands the basic disease process and recognizes physical, psychological, social and environmental needs of patients. Maintains competency of relevant assigned duties and assists in developing co-workers. Performs duties within the limits of the state Nurse Practice Act, hospital policies/procedures, and JCAHO guidelines. Performs other duties as assigned.

WHO MAY APPLY: Excepted Service and Merit Promotion. U.S. citizenship is required.

- Excepted Service Examining Plan Candidates (ESEP) Individuals entitled to Indian Preference who wish to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116(B)(8).
- Merit Promotion Plan Candidates (MPP) Current permanent competitive Federal status employees, reinstatement eligible, and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, etc).
- Veteran's Preference Preference eligible veterans who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply.

Indian Preference applicants must indicate on their applications whether they are applying under the MPP, ESEP, or both. If not indicated, they will be considered under the MPP.

Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply. Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service.

CONDITIONS OF EMPLOYMENT:

- 1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant. Selectee must have documented immunity to Rubella and Measles.
- 2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.
- 3. Selectee(s) are required to complete a "Declaration of Federal Employment Optional Form 306" to determine your suitability for Federal Employment, and to certify the accuracy of all the information in your application. Persons making false statements

- in any part of the application may not be hired; or fired after employment starts; or may be fined.
- 4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
- 5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
- 6. Some service units operate under extended service hours 7 days per week.
- 7. The incumbent may be required to travel and must possess a valid driver's license.
- Selectee may require access to the Unified Financial Management System (UFMS) and may require Level V
 Background/Security clearance.

QUALIFICATION REQUIREMENTS: Applicants must be able to perform the tasks of the position. Rating will be based on the following elements:

Basic Requirements:

<u>Licensure</u>:Candidates must be currently licensed to practice as practical or vocational nurses in a State or territory of the United States or the District of Columbia or must have applied for a license to practice. Applications of candidates possessing a license must be accompanied by a certified or photostatic copy of the license, a notarized statement attesting to the fact, or a citation of the license number and State issuing it.

The following table shows the amounts of education and/or experience required to qualify for positions covered by the 620 Practical Nurse Series:

GRADE	EDUCATION	AND/OR	SPECIALIZED EXPERIENCE
GS-6	Not applicable	1 year of nursing experience equivalent to at least the next	
			lower grade level, GS-5

Specialized Experience: Experience that equipped the applicant with the particular knowledge, skills, and abilities to perform successfully the duties of the position, and that is typically in or related to the work of the position to be filled. To be creditable, specialized experience must have been equivalent to at least the next lower grade level in the normal line of progression for the occupation in the organization.

Qualifying experience includes nursing care work in a hospital, outpatient clinic, nursing home, or other supervised medical, nursing, or patient care facility that provided a practical knowledge of human body structure and sterile techniques and procedures, performing such duties as:

- -Providing pre- and post-operative patient care.
- -Observing, recording, and reporting changes in behavior of mentally ill patients.
- -Providing reassurance and encouragement to mentally ill patients.
- -Assisting surgeons and registered nurses in operating room activities, including passing instruments, maintaining sterile conditions, and draping and positioning patients.
- -Setting up and operating special medical equipment and apparatus.

Examples of Specialized Experience: Experience demonstrating the ability to participate in planning patient care according to individual patient needs and established hospital policies and procedures. Experience providing basic nursing functions with a variety of illnesses and conditions. (See also Brief Description of Duties).

Selective Placement Factor: Not applicable

TIME IN GRADE: Candidates must have completed at least one year of service in a position no more than one grade lower than the position to be filled. (If selected under the Excepted Service Examining Plan, such individuals may be appointed under Schedule A authority without regard to Time-In-Grade requirements.)

LEGAL AND REGULATORY REQUIRMENTS: Candidates must meet time-after competitive appointment, time-in-grade, and qualification requirements by the closing date of the announcement.

METHODS OF EVALUATION: Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities and special awards. Experience related to tribal involvement and to Indian community projects will also be evaluated. Applicants will also be evaluated on the following ranking factors, i.e., Knowledge, Skills, and Abilities (KSA's).

SUPPLEMENTAL QUESTIONNAIRE on KNOWLEDGE, SKILLS, AND ABILITIES (KSA): On a separate sheet of paper, discuss how you performed (or have potential to develop) the particular knowledge, skill, or abilities listed below. (Failure to submit written responses as part of your application may result in an ineligible rating.)

- Knowledge of a variety of interrelated or non-standard assignments requiring licensure as a practical nurse and broad work
 experience that demonstrated skill sufficient to resolve a range of problems with responsibility for carrying assignments to
 completion.
- 2. Knowledge and skill using equipment, materials, medications, supplies, diagnostic and treatment procedures commonly encountered in the clinical setting.
- 3. Knowledge of pharmaceuticals, dosages and routes of administration in order to recognize the desired efforts, side effects and complications of use.
- 4. Knowledge of disease entities in order to recognize complications and when interventions are required.

HOW TO APPLY/REQUIRED FORMS (Incomplete applications will not be considered):

- 1. Applicants may use one of the following to apply: (1) OF-612 Optional Application for Federal Employment, <u>or</u> (2) Resume (see requirements in <u>Attachment A</u>).
- 2. If claiming Indian Preference, BIA 4432 "Verification of Indian Preference for Employment in BIA and IHS".
- 3. If claiming Veteran's Preference, copy of DD-214 Form, and SF-15 if claiming 10 point Veteran's Preference.
- 4. Copy of latest Personnel Action (SF-50), if a current or former employee, and/or if requesting Reinstatement Eligibility.
- 5. If applicable, written responses to the Selective Placement Factor (SPF). In order to be considered you are required to provide a written narrative for each SPF. See contents of Vacancy Announcement.
- 6. Completed PL 101-630 Questionnaire (Indian Child Care Form **form attached**). And The Declaration for Federal Employment (OF-306) Form.
- 7. Completed Selective Service Registration Form (**form attached**).
- 8. Written Responses to the Knowledge, Skills, and Abilities (KSA) (**OPTIONAL** ~ failure to submit may result in an ineligible rating or substantially lower score).
- 9. Commissioned Corps Officer: (1) Curriculum Vitae, (2) License, (3) Declaration for Federal Employment (OF 306) form and (Child Care & Indian Child Care Worker Positions PL 101-630 Questionnaire **form attached**, (4) Latest COER, (5) Current Billet Description, (6) BIA FORM 4432, if claiming Indian Preference, and (7) Written Response to the Selective Placement Factor (SPF). In order to be considered you are required to provide a written narrative for each SPF. See contents of Vacancy Announcement.

Application and required forms must be identified by this announcement number and submitted to the address below:

ATTN: SWR-08-0116-3 Office of Human Resources Phoenix Indian Medical Center 1616 E. Indian School Rd., Suite 360E Phoenix, AZ 85016

Facsimile is acceptable – this office is not responsible for incomplete transmissions. All submitted materials are subject to retention by this office. You should duplicate and retain copies, since requests for copies will <u>not</u> be honored. Additional information regarding Federal job opening can be obtained at <u>www.opm.gov</u>, or at USAJOBS <u>www.usajobs.opm.gov</u> or check the IHS Website at <u>www.ihs.gov</u>. All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS).

Phone: (602) 248-4180

(602) 248-4182

Fax:

Additional selections of candidates may be possible within 90 days from the date the certificate of eligible is issued for this announcement, for filing additional or similar positions.

Human Resource Specialist: __(Call 602-364-5219 to contact a Human Resources Specialist.) Date: 10/24/2008

ATTACHMENT A

Resume Requirements - Your resume or other application format must contain the following information to allow for qualification determination.

- Identify your application/resume by the announcement number, title and grade(s)
- Full Name (first, middle, last ~ include other names used, i.e., maiden name)
- Mailing Address
- Phone Number where you can be reached
- Email Address (if applicable)
- Social Security Number
- Country of citizenship
- Education: list high school and colleges attended, type of degree (list major) received, date of degrees conferred, and city and state of school.
- Work Experience: (include non-paid work as well as paid)
- Job Title (if Federal employment, indicate series and grade)
- Duties and Accomplishments
- Employer's name and Address
- Employer's name and phone number
- Starting and ending dates of employment (month/year)
- Hours of work per week
- Salary
- Indicate if you do <u>not</u> want us to contact your current supervisor (if not specified, it will be assumed that we may do so)
- List job related training (title, year obtained, hours of training)
- Honors or awards received
- License or certificates obtained (submit with application)
- Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc).

Indicate if you do <u>not</u> want your current supervisor contacted for reference purposes.

ATTACHMENT B

- 1. You may be eligible for special selection priority consideration under the Career Transition Assistant Program (CTAP) if you are a current career or career-conditional (tenure group I or II) employee of the DHHS Agency at the GS-15 grade level or below or equivalent, and who has received a specific RIF separation notice or a Certificate of Expected Separation indication your job is surplus, or notice of removal for declining a directed reassignment or transfer of function outside the local commuting area. To qualify for special selection priority consideration under CTAP you MUST also meet the criteria shown in paragraph 3 below.
- 2. You may be eligible for special selection priority consideration under the Interagency Career Transition Assistance Program (ICTAP) if you are a current or former career-conditional (tenure group I or II) employee of any agency in the competitive service at the GS-15 grade level or below or equivalent, who has received a specific RIF separation notice or a notice of proposed removal for declining a directed reassignment or transfer of function outside the local commuting area. You may also be eligible if you were separated because of a compensable injury and your compensation has been terminated; or you retired with a disability and your disability annuity has been or is being terminated; or you were in receipt of a RIF separation notice and retired on the effective date of the RIF or under discontinued service; or you are a former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM. To qualify for special selection priority consideration under ICTAP you MUST also meet the criteria shown in paragraph 3 below.
- 3. To qualify for special selection priority consideration under CTAP or ICTAP for this vacancy, you <u>MUST</u> also meet <u>ALL</u> of the following:
 - (a) Have a current or last performance rating of record of at least fully successful or equivalent. A copy <u>MUST</u> be submitted with your application package. (Note: this requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
 - (b) Be applying for a position at or below the grade level from which you will be, or have been separated, and which does not have a greater promotion potential that the position from which you will be, or have been separated.
 - (c) Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
 - (d) File your application by the vacancy announcement closing date and meet all the applicable criteria. Your application MUST include ALL documents that support your claim of eligibility for priority consideration RIF separation notice, or notice of proposed removal for declining a directed reassignment or transfer of function to another commuting are; SF-50 Notification of Personnel Action, showing that they were separated as a result of RIF, or declining a transfer of function or directed reassignment to another area; official certification from an agency stating that it cannot place an individual whose injury compensation has been or is being terminated; or official notification from the Military Department or National Guard Bureau that the employee has retired under 5 USC 8337(h) Or 8456.
 - (e) Be rated "well qualified" for this position. A numerical rating of 85 is considered to be well qualified for this position.

APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for employment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS

Date signed {please use ink}

Check o	ne:			
	I certify I am registered with the Selective Service System.			
	I certify I have been determined by the Selective Service to be exempt from the registration provisions of Selective Service law.			
	I certify I have not registered with the Selective Service System.			
	I certify I have not reached my 18 th birthday and understand I am required by law to register at that time.			
NON-R	EGISTRANTS UNDER AGE 26			
	re under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular you are outside the United States.			
NON-R	EGISTRANTS AGE 26 OR OVER			
register the Office decision OPM de	were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longe under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to ce of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM through the agency that was considering you for employment by returning this statement with your written request for an etermination together with an explanation and documentation you wish to furnish to prove that your failure to register was knowing nor willful.			
PRIVA	CY ACT STATEMENT			
to provi This inf	Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of your application for appointment information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for la enforcement or other authorized use in implementing this law.			
FALSE	STATEMENT NOTIFICATION			
	statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by mprisonment (Section 1001 of title 18, United States Code).			
Legal si	gnature of individual {please use ink}			

Addendum to Declaration for Federal Employment (OF 306) **Indian Health Service**

Child Care & Indian Child Care Worker Positions

Item 15a. Agency Specific Questions				
Name:(Please print)	Social Security Number:			
Job Title of Announcement: <u>Licensed Practical Nurse (Peds. Clinic)</u> Announcement Number: <u>SWR-08-0116-3</u>				
Section 231 of the Crime Control Act of 1990, Prederal Child care positions contain a question aski with a crime involving a child and for the disposition	ng whether the individual has e			
Section 408 of the Miscellaneous Indian Legislation positions in the Department of Health and Human Schildren. The agency must ensure that persons him nolo contendere to violent crimes.	Services that involve regular con	ntact with or control over Indian		
To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment.				
1) Have you ever been arrested for or charged with	h a crime involving a child?	YES NO		
[If YES , provide date, explanation of the violation the name and address of the police department of		harge, place of occurrence, and		
2) Have you ever been found guilty of, or enter felonious or misdemeanor offense under Federal, S molestation, contact or prostitution, or crimes against	tate, or Tribal law involving cri	mes of violence, sexual assault,		
[If YES , provide date, explanation of the violend the name and address of the police department of		harge, place of occurrence, and		
I certify that (1) my response to these questions is more to \$2,000 or 5 years imprisonment, or both; and (2) I understand my right to obtain a copy of any criminal my right to challenge the accuracy and completeness	I have received notice that a crim I history report made available to	ninal check will be conducted. I be the Indian Health Service and		
Applicant's Signature (sign in ink)	Date			
Public Burden Statement: In accordance with Paperwo	ork Reduction Act (5 CFR 1320.8	(b)(3), a Federal agency may not		

conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. Please do not send completed data collection instruments to this address.

FORM APPROVED: O.M.B. NO. 0917-0028 Expires 02/28/2009